



CUSTOMER SATISFACTION QUESTIONNAIRE



COMPANY NAME:	
ADDRESS:	
E- MAIL:	TEL:

Please indicate your answer by selecting the corresponding field

PRODUCT CHARACTERISTICS

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Our product specifications meet your requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You are satisfied with the quality and appearance of our products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You are satisfied with the product packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You are satisfied with the product labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our product portfolio covers your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding the products and their features.

SERVICES

Are you satisfied from	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Order Delivery time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The transport and delivery conditions of our products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The prices of our products compared to the competition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The quality of our products compared to that of the competition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The pricing policy followed by our company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding our services provided.



**CUSTOMER SATISFACTION QUESTIONNAIRE
CONTACT - SERVICE**



	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
6. You are satisfied with the provided service and in general with our broader cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any issues are solved smoothly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You are satisfied with the behavior of the people who come in contact with you (accounting, sales, drivers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You have developed a long-term relationship of trust with our company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding our company's service

➤ On a scale from 1 (lowest) to 10 (highest), please indicate your overall satisfaction with the company.

1 2 3 4 5 6 7 8 9 10

➤ Based on your experience with our company so far, would you recommend Gusto Dairy to a colleague or friend?

Unreservedly Most likely With reservation Maybe Under no circumstances

Please mention any comments/observations/complaints you may have about the company as well as any suggestions/improvements regarding our products/services that you would like to see implemented.

Please send your replies via e-mail to d.gardikiotis@gustodairy.gr

THANK YOU FOR YOUR TIME